

# **EXHIBIT A**

1-877-320-0390

### Return Service Requested

AUTO\*\*SCH 5-DIGIT 59414

3 1 AV 0.378



MINIMED DISTRIBUTION CORP  
13404 COLLECTION CENTER D  
CHICAGO, IL 60693-0001

NFI 1356334577  
 PAGE #: 1 of 4  
 DATE: 12/30/21  
 CHECK/EFT #: 92136201286  
 STATEMENT #: 20420000041DER

Receive your remittance advices electronically. You will receive payment information faster and may be able to post the information directly to your accounts. MREP, a free software, is available to view and print remittance data. Call CEDI at 1-866-311-9184 to sign up.

[illegible]

ECF No. 37-1

filed 03/24/22

PageID.1737

Page 3 of 5

NPI: 1356334577  
CHECK/EFT #: 92136201286

1-877-320-0390

[illegible]

1-877-320-0390

REVIEW

CO Contractual obligations  
OA Other adjustment  
PR Patient responsibility  
151 Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.  
23 The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)  
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication.  
96 Non-covered charge(s). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop) 2110 Service Payment Information REF), if present.  
N425 Statutorily excluded serv ce(s).  
N782 Alert: Patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance. This amount may be billed to a subsequent payer.  
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date of this notice, unless you have good reason for for being late.  
MA07 Alert: The claim information has also been forwarded to Medicaid for review.  
MA13 Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.  
MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.  
MA67 Alert: Correction to a prior claim.